

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5365** Registrar's No. **11**

0310

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Darwin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Grundy</b>	
b. CITY OR TOWN <b>Lincoln Joplin Brim 870 rural</b>		c. CITY OR TOWN <b>TRENTON</b> <b>0402</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1530 CEDAR ST</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. 70 Brim Mo.</b>			

3. NAME OF DECEASED a. (First) <b>MAGGIE</b> b. (Middle) <b>MARDERET</b> c. (Last) <b>KENT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-14-51</b>	
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCTOBER 4, 1882</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>10</b>	IF UNDER 1 MIN. Hours <b>-</b>	IF UNDER 15 MIN. Mins. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (State or foreign country) <b>Darwin County - Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>DANIEL MATEE</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH ANNA FREWITT</b>	14. NAME OF HUSBAND OR WIFE <b>JAY KENT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Jay B. Kent, B. B. Boyd, Darwin</b>	ADDRESS <b>Living</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>also Acute Nephritis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4500</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1951**, to **Jan 14, 1951**, that I last saw the deceased alive on **Jan 1, 1951**, and that death occurred at **5:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. A. Deffy M.D.</b> (Degree or title)	23b. ADDRESS <b>0 Trenton Mo.</b>	23c. DATE SIGNED <b>Jan 15 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-16-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Coon Creek</b>	24d. LOCATION (City, town, or county) (State) <b>Trenton Mo</b>
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DATE REC'D BY LOCAL REG. <b>29 Jan. 1951</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Engelhart</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Darwin - Blackmon, Trenton, Mo.</b>	ADDRESS
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

*Myself*

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Rayne A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Shenton, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.